

101560964

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		4				
14		1				
15		2				
16		2				
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19		4				
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48						
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	31	←		←
TOTAL CLAIMS			35			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						